

proper manner when they know that a strong and influential group of constituent citizens is watching how their votes on public health matters are cast in the chambers of the Senate and House of Representatives.

"In other words, to be heard in the legislative halls in Washington the opinion is spreading here—no matter what other States do or do not do—California henceforth must keep in better touch with its Federal Senators and Congressmen.

"If in every State in the Union there existed an actively working organization such as the California Public Health League—whether under such a name and as a separate entity, or a similar set-up as an expression of a Committee on Legislation and Public Policy of a constituent state medical association, would make little difference—then the deplorable and pathetic situations which have been coming to the front with increasing frequency at Washington, D. C., would probably not have arisen.

"Let us keep in mind:

"The message that will have most weight in Washington will be that which comes from the Senator's and Congressman's own constituents.

"There is no substitute for this."

C. M. A. ANNUAL SESSION IN 1944 WILL BE HELD IN LOS ANGELES

Why Change of Place Was Made.—In the September issue of CALIFORNIA AND WESTERN MEDICINE, it was stated that the Council, at its 312th meeting held on August 22, 1943, had voted to hold the 1944 annual session of the California Medical Association in the city of San Francisco. However, that city has become the major port of embarkation for troops and supplies to the Pacific War Zone, and hotel and like accommodations of that metropolitan center are even now more than overcrowded. In fact, much of its hotel space has been commandeered by Army and Navy for service to their respective personnels, and all available information indicates that hotel facilities for current civilian care will grow worse instead of better.

* * *

Los Angeles Will Be the Place of Meeting.—Wherefore, it has been found necessary to change the place of meeting from San Francisco to Los Angeles. Fortunately, the Hotel Biltmore in Los Angeles was held open for use by the California Medical Association several days during the first week of May.

The tentative dates for the two-day annual session will be Sunday and Monday, May 7-8, 1944, and Association headquarters will be at the Hotel Biltmore, Fifth and Olive streets, Los Angeles. Members who contemplate attendance should make reservations early, both with hotel and train or airplane companies. To be kept in mind, however, is the new rule that, after January 1, train reservations will probably not be made by railway agents for more than thirty days in advance. Members not resident in Los Angeles should remember that transportation facilities on the Pacific Coast are

heavily strained, and that reservations for coming and going may not be available unless made well in advance.

The program arrangement of the 1944 annual session was outlined in the September issue, on page 155. Three general meetings will be held: Sunday morning, Sunday afternoon, and Monday morning. The thirteen scientific sections will hold their program and organization meetings on Monday afternoon. No meetings will be held on Monday evening.

Members who have papers in mind, or suggestions to offer concerning speakers or topics, are requested to write to the Association Secretary, who is the ex-officio chairman of the Committee on Scientific Work, or to the proper secretary of any of the thirteen scientific sections, whose names are listed in each issue, on advertising page 6.

MATERNITY-PEDIATRIC PROGRAM: IT LOSES NONE OF ITS IMPORTANCE

Why Discussion of the Maternity-Pediatric Program Is Continued.—Much space has been given in CALIFORNIA AND WESTERN MEDICINE to comment and articles concerning the maternity-pediatric program put out by the United States Children's Bureau. Since the plan elaborated by the Washington authorities is of a nature that will work against maintenance of the best quality of maternity and pediatric service, and is also a real menace to public health and medical practice interests of the present, and as well of the future, the OFFICIAL JOURNAL can follow no other course than to acquaint physicians of California concerning developments as they arise.*

* * *

Facts to Keep in Mind.—In consideration of the subject, some facts must be kept in mind:

1. Congress has passed several appropriation bills designed to provide maternity and pediatric care to pregnant wives and to infants of enlisted men. With that basic objective all physicians and citizens are in accord, and the California Medical Association, with other state medical societies, has gone on record in approval.

2. Congress unfortunately, however, delegated to one of the offices in Washington (the Federal Children's Bureau of the United States Department of Labor) the authority to devise the manner in which the money so appropriated should be spent.

That Bureau works through its small inner circle at the Capital, but there is also, of course, the usual large hand-picked advisory committee for it to fall back on should occasion arise. Its advisory bureau consists of more than forty members, largely social workers and physicians; among the latter many who are full-time teaching specialists, but with about only one general practitioner in the entire committee.

In making known its plan for medical aid to wives and infants of enlisted men, the Federal Children's Bureau saw fit to promulgate—and with

* For additional comment in this issue, see page 342.

considerable success has inflicted on the medical profession in most States of the Union, for the work to be rendered—an arbitrary fee bill of \$35 to \$50 for the multitudinous services covering months of work. For the above gesture fees, a physician is obligated to give:

(a) All prenatal examinations and care, plus a Wassermann, urinalysis and hemoglobin report;

(b) All confinement services; and

(c) Postpartum care to mother and child, and a last visit at least six weeks after the confinement.

(Compare, but for contrast only, such service compensation as assigned to skilled professional men, to the high wages paid per day to unskilled laborers, or the rewards to manufacturing concerns, on cost-plus payments!)

* * *

Recent Visit of the Federal Children's Bureau Representative to California.—The story of the visit to California by Dr. Edwin F. Daily, director, Division of Health Service of the Federal Children's Bureau, and his conference with California Medical Association representatives in the office of the California State Board of Public Health has been set forth in previous issues of the OFFICIAL JOURNAL.

It was the privilege of the Editor, at the annual conference of State Association secretaries and editors, held in the American Medical Association headquarters in Chicago on November 19 and 20, to inform that Conference, with Doctor Daily present, concerning the propositions put forth by Doctor Daily when he was in California, and the objections thereto which were made by Dr. Karl L. Schaupp, chairman of the California Medical Association committee on the maternity-pediatric program.

It is to be regretted that all members of the California Medical Association and physicians elsewhere could not have heard the statements made by Doctor Daily in San Francisco and Chicago. They were an illuminating example of what the medical and other professions, and businesses in general may expect when political and economic power can be expressed by edict.

* * *

Why Legitimate Criticism of the Federal Children's Bureau Is Handicapped.—Because of war conditions, and the ease with which a governmental bureau can now carry on a direct or indirect smear campaign—under the slogan of non-patriotic coöperation—the members of the medical profession are at a distinct disadvantage in any public or press discussion of the procedures put forth by the Federal Children's Bureau. Witness, for instance, the Ohio experience (given on page 181 in CALIFORNIA AND WESTERN MEDICINE for September, 1943, Item XXII). That possibility, however, should not prevent us from expressing the truth as we understand it.

Thus far, California has escaped such newspaper publicity. But for how long, and against whom, and for what, no one can foretell.

Action of the California Medical Association Council.—Let us repeat: (a) The Council of the California Medical Association has approved the plan of adequate maternity and pediatric care for the wives and infants of enlisted men.

(b) It has disapproved the plan of procedure as put forth and placed in operation by the Federal Children's Bureau. That was as far as the Council's authority permitted it to go, other than to use its best endeavors to bring about a change in the Federal Children's Bureau regulations.

(c) It must not be forgotten that the California Medical Association Council has no authority to obligate the component county societies to follow a set plan of procedure in professional work. In matters like this, its powers are only advisory.

(d) The Council has informed the members of the California Medical Association that, in its opinion, each member of the California Medical Association is free to act for himself in this program.

That is:

He or she may sign the Federal Children's Bureau blanks and receive the stipulated fee of \$50;

Or, sign but refuse payment for professional services from the Federal Children's Bureau or patient, in order to make the patient eligible to hospitalization service provided in the program;

Or, accept the woman desiring professional care, as a private patient, if such is the latter's desire, at a fee mutually agreeable between the patient and the attending physician.

* * *

A Pertinent Question.—At the present writing, what is the situation as it exists in California? And concerning the future, in what way may the unfortunate features of the Federal Children's Bureau plan be remedied?

Physicians throughout the United States are posing the question, "Why must a procedure so obnoxious as that put forth by the little circle that influences the Federal Children's Bureau be continued?"

To that pertinent query, the answer must be: The constituted authorities of the Federal Children's Bureau have given no indication that they will change the present arrangement. Indeed, at the Chicago Conference, to which reference has been made, Doctor Daily partly justified the Bureau's stand by stating that "Congress" had refused to change it. Doctor Daily evidently forgot that Congress consists of a Senate and a House of Representatives, and that the House of Representatives has a total of 435 members; and further, the vote to which he referred was a snap vote taken at a time when Congressmen had not yet been fully informed concerning the implications of the Federal Children's Bureau plan, with presumably only 123 members present or voting thereon.

* * *

Federal Children's Bureau Is Amenable to Congress in Expenditure of Public Funds.—To be kept in mind, also, are these facts: thus far Congress has found it necessary to make three

different appropriations to carry on the work, the preliminary estimates of the Federal Children's Bureau having been found to be inadequate. (Appropriations were: \$1,200,000; \$4,400,000; and \$18,620,000. See CALIFORNIA AND WESTERN MEDICINE, October 1943, on page 226.) These appropriations indicate that Congress will be called on to grant still further deficiency allocations. How soon such call may be made is not known. The increasing number of pregnancies will determine that.

In the meantime, if physicians throughout the United States—by action of their several state and county medical societies—will acquaint their respective Congressmen with the issues involved, it may be possible to bring into being specific instructions from Congress to the Federal Children's Bureau, making it mandatory upon the Federal Children's Bureau to offer a more equitable and reasonable set-up than that which is now being carried on. Presumably, that is the only way in which a rectification of the existing deplorable edicts may be remedied. The solution of the problem depends, therefore, upon national coöperation through the State and component county medical societies.

* * *

General Practitioners Should Be Added to the "Advisory Board of the Federal Children's Bureau."—On October 21, 1943, in Washington, D. C., the "Maternal and Child Health Advisory Committee" of the United States Children's Bureau held a meeting, the official minutes of which appeared in *The Journal of the American Medical Association* (November 27, on page 845). The last item, number 9, refers to a "recommendation" that "at least five general practitioners be added to the Advisory Committee."

As a matter of justice to the thousands of general practitioners who, in practice, will be called upon to carry through and do the obstetric-pediatric work, the addition of ten rather than five general practitioners, representing different sections of the country, would seem to be quite in order. Certainly, the present members of the Advisory Committee should not object. And if they did, on what grounds?

It will be interesting to note whether the Children's Bureau representatives (Miss Katherine Lenroot, chief; Dr. Martha M. Eliot, associate chief; and Dr. Edwin F. Daily, director, Division of Health Service) who were present at the last Advisory Board meeting of October 21 will have acted or so recommended when that Committee again convenes in Washington, D. C., at the meeting that has been called for December 10 to 11, 1943. The recommendation for five general practitioners was made at the October 21 meeting, but the official minutes gave no indication that action had been taken thereon up to November 23. Concerning that item and the session that since has been called, possibly more anon.

One half of the world knows not how the other half lives.

—George Herbert, *Jacula Prudentum*. (1640).

EDITORIAL COMMENT[†]

TYPES OF TETANUS TOXIN

Hitherto unsuspected qualitative differences between different preparations of tetanus toxins are reported by Friedemann¹ and his associates of the Brooklyn Jewish Hospital.

Seven tetanus toxins were bioassayed by the Brooklyn physicians, four of which were obtained from different American firms, and one from Germany. The minimal lethal dose was determined for each toxin by five different methods: (a) intraventricular injection into rabbits and guinea pigs, and (b) intramuscular injection into rabbits, guinea pigs, and mice. From data thus obtained the calculated titers of the toxins varied from 3,200 to 20 (intraventricular) M. L. D. per c.c. for rabbits and from 64,000 to 800 (intramuscular) M. L. D. per c.c. for guinea pigs. As a wholly unsuspected finding, the relative titers of the seven toxins varied with the animal species and method of testing. If the seven products were arranged (ABCDEFGF) in a descending scale of toxicity for rabbits (intraventricular test), the order would be BACEDGF for guinea pigs (intramuscular test), and CAEBG (D and F not tested) for mice (intramuscular test).

The differences became even more apparent on comparing individual toxins. In rabbits (intraventricular test) toxin D, for example, is ten times more potent than toxin G. Tested by the intramuscular route in guinea pigs, however, G is only 60 per cent stronger than D. In rabbits, D is 100 times more potent by the intraventricular than by the intramuscular route, while the corresponding ratio is but 10:1 for toxin A. In guinea pigs, C is but twice the intramuscular titer of B, while it is eight times stronger in mice.

Further differences became apparent on determining the amount of antitoxin necessary to neutralize the different toxins, antitoxin prepared by the Bureau of Laboratories, New York City Department of Health being used in all tests. In order to simulate conditions of the natural disease, an "indirect" method of titration was adopted. A constant dose of tetanal toxin (20 intraventricular M. L. D. in the guinea pig and 10 M. L. D. in the rabbit) was injected into the intraventricular space, preceded by an intravenous injection of varying amounts of antitoxin. Control "direct" titrations were also made, the same dose of toxin being mixed *in vitro* with varying amounts of antitoxin and the mixtures injected intraventricularly. The two methods gave inconsistent results. By the "indirect" test in guinea pigs, toxin A required 100 times more antitoxin per unit for its neutralization than toxin F, and 64 times more than toxin E. On "direct" test, however, toxin A required but half the amount of antitoxin necessary for the neutral-

[†] This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.